

PA ABLE

Withdrawal Request Form

Use this form to request a full or partial withdrawal from your PA ABLE account. For
withdrawals not used for Qualified Disability Expenses the earnings portion may be
subject to federal and state income tax and an additional 10% federal tax. See the PA
ABLE Disclosure Documents for more information.

Note: You can also request a withdrawal by telephone or online at **www.PAABLE.gov.**

- We are required to file IRS Form 1099-QA if you take a withdrawal from your PA ABLE account.
- A recent contribution must be invested with PA ABLE for a period of 5 business days (6 business days for checking option) prior to withdrawal.
- A withdrawal cannot be made for 10 business days after the address on the account has changed.
- You are encouraged to retain receipts for expenses paid from your withdrawal.
- Type or print clearly, printing in capital letters and black ink. Please mail the form to the Plan. Do not staple.

Forms can be downloaded from our website at **www.PAABLE.gov**, or you can call us to order any form — or request assistance in completing this form — at **1.855.529.ABLE (2253)** any business day from 8 a.m. to 5 p.m. ET.

1.855.529.ABLE (2253) 8 a.m. to 5 p.m. ET M-F

www.PAABLE.gov

info@PAABLE.gov

Regular mailing address:

PA ABLE P.O. Box 219414 Kansas City, MO 64121

Overnight mailing address:

PA ABLE 920 Main Street, Suite 900 Kansas City, MO 64105

1 A	ccount	inform	nation

Account Number
Account Owner Social Security or Taxpayer Identification Number (<i>Required</i>)
Name of Account Owner (first, middle initial, last)
Telephone Number



A	Withdrawal via check made payable to the A Authorized Individual (if there is an Authorized Individual)		led to the Account Owner or		
В.	Withdrawal to the Bank Account on file. If you withdrawal request there will be a (15) calendar h				
C	Withdrawal to a 3rd Party				
	Payable To				
	Contact Name				
	Memo Line				
	Mailing Address				
	ivialility Address				
	City	State Zip Co	de		
A	Full balance. Withdraw the entire amount held i Please check the box if you would like to close y If applicable) If your account remains onen with	·	r recurring contribution		
	account will be closed. Important: If you contribute to your account throuthese contributions.	ugh Payroll Direct Deposit, you must no			
В.	account will be closed. Important: If you contribute to your account throu	my current Investment Options. If the a	tify your employer to cancel mount you indicate exceeds the amount		
B	account will be closed. Important: If you contribute to your account throuthese contributions. Partial amount of \$	my current Investment Options. If the a	tify your employer to cancel mount you indicate exceeds the amount		
	account will be closed. Important: If you contribute to your account throuthese contributions. Partial amount of \$	my current Investment Options. If the a discontinue your recurring contribution particular Investment Option exceeds	ntify your employer to cancel mount you indicate exceeds the amount , and close your account.		
	account will be closed. Important: If you contribute to your account throuthese contributions. Partial amount of Withdraw this amount proportionately from among available, PA ABLE will liquidate the entire balance, Partial amount as follows. Important: If the dollar amount you indicate for a we will liquidate the entire balance of that Investi	my current Investment Options. If the a discontinue your recurring contribution particular Investment Option exceeds ment Option. Dollar amount	mount you indicate exceeds the amount, and close your account. the amount available for withdrawal, OR Total balance		
	account will be closed. Important: If you contribute to your account throuthese contributions. Partial amount of Withdraw this amount proportionately from among available, PA ABLE will liquidate the entire balance. Partial amount as follows. Important: If the dollar amount you indicate for a	my current Investment Options. If the a discontinue your recurring contribution particular Investment Option exceeds ment Option.	mount you indicate exceeds the amount, and close your account. the amount available for withdrawal,		
	account will be closed. Important: If you contribute to your account throuthese contributions. Partial amount of Withdraw this amount proportionately from among available, PA ABLE will liquidate the entire balance, Partial amount as follows. Important: If the dollar amount you indicate for a we will liquidate the entire balance of that Investi	particular Investment Options. If the a particular Investment Option exceeds ment Option. Dollar amount (For partial amounts.)	mount you indicate exceeds the amount, and close your account. the amount available for withdrawal, OR Total balance		
	account will be closed. Important: If you contribute to your account throuthese contributions. Partial amount of Withdraw this amount proportionately from among available, PA ABLE will liquidate the entire balance, Partial amount as follows. Important: If the dollar amount you indicate for a we will liquidate the entire balance of that Investi	particular Investment Options. If the a particular Investment Option exceeds ment Option. Dollar amount (For partial amounts.)	mount you indicate exceeds the amount, and close your account. the amount available for withdrawal, OR Total balance		
	account will be closed. Important: If you contribute to your account throuthese contributions. Partial amount of Withdraw this amount proportionately from among available, PA ABLE will liquidate the entire balance, Partial amount as follows. Important: If the dollar amount you indicate for a we will liquidate the entire balance of that Investi	particular Investment Options. If the a particular Investment Option exceeds ment Option. Dollar amount (For partial amounts.) \$	mount you indicate exceeds the amount, and close your account. the amount available for withdrawal, OR Total balance		

4. Signature — YOU MUST SIGN BELOW

- I certify that I have read, understand, consent, and agree to all terms and conditions of the PA ABLE Disclosure Documents and understand the rules and regulations governing withdrawals from my PA ABLE account. I also certify that the information provided on this form is accurate and hereby instruct PA ABLE to distribute my account as I have indicated.
- By signing below, I authorize PA ABLE or its designees to withdraw funds according to the instructions above. I understand that if I
 have changed my address or the Account Owner, I cannot withdraw funds for 10 business days after the change.
- I understand that the earnings portion of Non-Qualified Withdrawals is subject to federal and state income tax and an additional 10% federal tax. I also understand that I am responsible for reporting the withdrawal on my income tax returns for the tax year the Non-Qualified Withdrawal was made.
- I understand that if I had taken a state income tax deduction or credit on my state income taxes I will need to check with my home state to determine if my deduction or credit is subject to recapture.
- If I am an Authorized Individual, I certify that I am authorized to act on the Account Owner's behalf in making this request and that this request is in the best interest of the Account Owner.

SIGNATURE Signature of Assount Owner or Authorized Individual	Deta (mm/dd/agad
Signature of Account Owner or Authorized Individual	Date (mm/dd/yyyy)
SIGNATURE	
Signature of Co-Authorized Individual (Only if applicable)	Date (mm/dd/yyyy)

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